

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>344003</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/04/2007</b>	
NAME OF PROVIDER OR SUPPLIER  <b>CHERRY HOSPITAL</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 STEVENS MILL ROAD GOLDSBORO, NC 27530</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 491	<p><b>482.25(a) PHARMACY ADMINISTRATION</b></p> <p>The pharmacy or drug storage area must be administered in accordance with accepted professional principles.</p> <p>This STANDARD is not met as evidenced by: Based on policy and procedure review, observation, purchase requisitions and staff interviews the hospital pharmacy failed to ensure a system of oversight was in place in regards to the procurement of medications purchased for the facility's dental clinic.</p> <p>The findings include:</p> <p>Review on 10/01/2007 of the policy "Pharmaceutical Procurement" effective 04/1999 revealed "The Director of Pharmacy is responsible for the purchase of all pharmaceutical supplies."</p> <p>Observation during a tour on 10/01/2007 at 1400 of the Dental Clinic revealed 6 boxes of Lidocaine HCL 2% with epinephrine 1:100,000 and Lidocaine HCL 2% with epinephrine 1:50,000 (medication to numb dental site prior to dental procedure).</p> <p>Interview on 10/01/2007 at 1430 with the dentist revealed the dental clinic administers Lidocaine on a regular basis prior to dental procedures.</p>			A 491			12/4/07

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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A 491	<p>Continued From page 1</p> <p>Interview on 10/01/2007 at 1600 with the dental hygienist revealed she reviews the supply of the medication monthly and fills out a purchase order for required medication. Interview revealed the dental hygienist faxes the requisition to the purchasing department. Interview revealed the purchasing department delivers the requested supplies to the dental clinic under the dental hygienist's name. Further interview revealed the pharmacy department has not been involved in the purchasing of the medication required for the dental department.</p> <p>Review on 10/02/2007 of the requisition dated 06/07/2007 revealed documentation the dental hygienist had created the purchase requisition for Lidocaine 1:50,000 50/box. Further documentation revealed the Cherry hospital warehouse was to deliver the medication shipment to the hygienist.</p> <p>Interview on 10/02/2007 at 1500 with the pharmacist revealed the pharmacy department was not aware the dental clinic staff was procuring medications. Further interview revealed it is the pharmacist's responsibility to procure all medication for patient care.</p>	A 491			